

This is **NOT** an interpretation of the examination.
See patient dictated report for radiologist findings & impression.

Renal Artery Stenosis

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: _____
Tech/ext: _____
Date: _____

Aorta: Normal Abnormal _____cm/s

Iliac Artery Origins: Right: Normal / Abnormal / Not Vis Left: Normal / Abnormal / Not Vis

IVC: Normal Abnormal

Right	Left
L_____ AP_____ W_____ cm	L_____ AP_____ W_____ cm
Peak Systolic Velocity (PSV)	Peak Systolic Velocity (PSV)
Origin _____cm/s	Origin _____cm/s
Mid _____cm/s	Mid _____cm/s
Distal _____cm/s	Distal _____cm/s
Resistive Index (RI)	Resistive Index (RI)
Upper_____	Upper_____
Mid _____	Mid _____
Lower_____	Lower_____
Right renal-aortic ratio (RAR)_____	Left renal-aortic ratio (RAR)_____
Right renal vein: Patent Not Patent	Left renal vein: Patent Not Patent

Normals

RAR <3.5

RA PSV < 150cm/s

RI < .70